

Mental Health Ombuds Services of King County

**Ombuds Service Semi-Annual Report**  
October 2010 through March 2011

Submitted by:

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## Introduction

The Mental Health Ombuds Service of King County is provided by Interchange Northwest, LLC through a contract with the King County Mental Health Chemical Abuse and Dependency Services Division (MHCADSD).

We provide support for people who are having difficulties with their mental health services or are having difficulty getting mental health services. We also provide information and referral services to all people in King County.

This is the report of Mental Health Ombuds Service activities from October 2010 through March 2011. This report provides information regarding program management, advocacy, outreach and education, other activities, and next steps.

## Program Management

### Staffing

The two ombuds staff provided a total of 1,260 hours of service, or an average of about 210 hours per month or 1.2 full time equivalent (FTE) positions, during this reporting period. This is the same as the previous six-month period and about 14 percent less than this period one year ago (1,473 hours). Actual staffing for this period was about five percent greater than the contracted service level (200 hours per month).

Month	Hours of Service
October	209.5
November	203.5
December	203.5
January	203.5
February	201.5
March	238.5
Total	1,260.0

## Advocacy

We had 667 contacts by phone or in person during this report period, an average of 111 contacts each month. There were 18% fewer contacts than the previous six-month period (809 contacts). There were 6% fewer contacts in this period than during this period last year (709 contacts). This represents the third consecutive report of reduce contacts from the same period in three years, which would take into

account seasonal differences in workload and may suggest a trend of reduced phone contacts over time.

Contacts include people requesting information about accessing mental health and other community services, allied providers, and other individuals and groups who are interested in community mental health services. Many of these people are satisfied with the information and ask for no additional support.

Also included is data adjusted to reflect “unduplicated contacts”, or the number of different individuals that we worked with during the period regardless of how many times they called.

Month	Contacts	Unduplicated Contacts
October	119	75
November	140	96
December	80	66
January	88	61
February	106	72
March	134	103
Total	667	473

We received releases of information from 9 new people seeking assistance during this reporting period. This is about 47% fewer than the number of new situations during the prior period (17) and about 31% fewer than this period last year (13). The following summarizes the complaints by type opened during the current reporting period (October 2010 through March 2011) and the prior reporting period (April 2010 through September 2010).

Cases Opened	4/10 – 9/10		10/10 – 3/11	
	Number	Percentage	Number	Percentage
Access	4	17.4%	5	55.6%
Financial/Admin	2	11.8	2	22.2
Quality/Appropriateness	7	41.2	1	11.1
Dignity & Respect	1	5.9	1	11.1
Physician/Medical	-	-	-	-
Housing	6	35.3	-	-
Consumer Rights	-	-	-	-
Intensity/Coordination	-	-	-	-
Total	17	100.0%	9	100.0%

The following summarizes the issues by type that those people described at the time their case was opened.

There were five situations involving access all of them related to individuals having difficulty gaining access to their records or having difficulty arranging for their input to be included in their record. There were two situations involving people that

were having difficulty with their protective payee services. One new situation involved a person who felt they were not treated respectfully by provider staff. The Other new situation involved the quality and appropriateness of service. This situation involved an individual who felt that she needed hospitalization for physical and mental health issues.

Fourteen situations were resolved in this period. The following summarizes the cases closed by type of resolution.

Cases Closed	4/10 – 9/10		10/10 – 3/11	
	Number	Percentage	Number	Percentage
Information/Referral	-	-	6	42.9%
Mediation/Conciliation	8	66.7%	8	57.1
Grievance	1	8.3	-	-
Referred to QRT	1	8.3	-	-
Not Pursued	2	16.7	-	-
Total	12	100.0%	14	100.0%

There were five situations that remained unresolved as of the end of this reporting period.

#### Consumer Feedback On Satisfaction with Ombuds Services

During this reporting period we attempted to contact eight people about thirty days after their situation had been resolved to determine whether they were still satisfied with the outcome, to rule out retaliation, and ask them about their satisfaction with ombuds services. We were able to communicate with three of those people. No one reported retaliation and they all said they were satisfied with mental health ombuds services.

#### Access by Groups

The following summarizes data regarding access to special populations during this reporting period.

During this period, there were five cases involving men and four involving women. All were enrolled in Medicaid.

No one reported having a chemical dependency. This compares to two people (12 percent) and no one during the last two reporting periods, respectively. No one during this period identified as a gay, lesbian, bi-sexual, or trans-gendered person. None of the people reported having a developmental disability.

The following summarizes the people we supported during this period by their reported ethnicity compared to the prior period.

Identify As	4/10 – 9/10	10/10 – 3/11
Caucasian	58.8%	77.8%
African-America	41.2	11.1
Asian/Pacific Islander	-	11.1
Latino	-	
Native American	-	
Unknown	-	-

## Outreach and Education

An important part of mental health ombuds services is meeting with people enrolled in the community mental health system, their service providers, family members, and advocates. We had four outreach and education opportunities during this reporting period.

The purpose of these meetings is to increase awareness of our services and enable access, promote self-advocacy and recovery, and develop positive working relationships with people receiving support, staff, and allied providers.

- We attended the Recovery Celebration at Consejo Counseling and Referral Services.
- We met with the Long Term Care Ombudsman staff to talk about advocating for people with mental illness.
- We participated in a staff meeting at Seattle Counseling Service. We discussed ombuds services and our role in recovery.
- Provided training in working with challenging people to staff at the Governor's Office of Education Ombudsman.

## Other Activities

We attended the following monthly meetings during this reporting period:

- Three King County Partners meetings
- Six Clinical Directors meetings
- Five Mental Health Advisory Board meeting
- Six Quality Council meetings

We were co-presenters at a workshop on providing high quality services to people with disabilities sponsored by the King County Office on Civil Rights.

We presented information on consumer-driven services with staff from Valley Cities Counseling and Consultation at a meeting of the King County Coalition Against Domestic Violence.

We attended the 2010 Legislative Forum at St. Marks on Capitol Hill in Seattle.

We participated in a webinar entitled “Instrument to Measure Recovery from Mental Health”, sponsored by the National Council for Community Behavioral Health.

On November 30, access to the Mental Health Ombuds office in the Yesler Building was lost due to an electrical fire in the basement. Ombuds service continued from the Interchange Northwest office in accordance with the Emergency Operations Plan. Access to the building was restored on December 15. There were no reports of a service disruption during the two-week period.

## Next Steps

The Mental Health Ombuds Service of King County will continue to provide support for people enrolled in the public mental health service system that are having difficulty with their services, or having a difficult time enrolling for services. We will focus on assisting people to resolve their disputes at the lowest level possible. We will continue to work to provide the highest quality ombuds services and advocate for all of the people in King County experiencing mental illness and their families.

During the next twelve months, we will continue outreach activities by visiting community mental health programs and allied providers and speaking with people receiving support and staff about ombuds services, client rights, and conflict resolution and how they relate to recovery.

We will seek participation in conferences and community events to talk about mental health ombuds services and provide training and technical assistance in conflict resolution.

We will take advantage of opportunities to participate in King County Mental Health and Chemical Abuse and Dependency Services Division (MHCADSD) planning and policy development as part of the community mental health system in King County.

We will participate in the annual federal External Quality Review Organization (EQRO) survey.

We will continue to advocate for the transformation of the system of mental health support in King County toward recovery and self-determination.